LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 93380109501

Issued 11/16/93
Expires 05/16/94
Revenue Code 18754

Establishment
LISA PRESTON
T7N R7E SEC 35
29231 S 96 STREET

FEES: $150.00

TOTAL $150.00

Permittee
LISA PRESTON
RR0001
BOX 0007X
FIRTH NE 68358

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: 11-12-93

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein: SEE ATTACHED of the Plat

1. Legal description of property: Twp. 7 North ; Range 7 East ; Section 35 ;
   Block _____ : Lot _____ : Addition _____
   Street Address 29231 South 96th

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☑ LAGOON

4. Distance to public sewer: _____ ft.

Lisa M. Preston
Signature of Applicant (Owner or Lessee)

RR1 Box 7X Firth NE 68358
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/15/93 . Date Frwd. 11/15/93 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 11-13-93 . Date Frwd. 11-13-93 . ACTION: Approved ☑ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 11/16/93 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11-19-93 by: P.D
Date: 11-22-93 by: P.D need fence framing
Date: 12-13-93 by: P.D. Gate fence etc.

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1-20-94 By: Paul Drotemann

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
2200 St. Mary's Avenue
Lincoln, NE 68502-3785
(402) 471-8000

Legal Description T7N R7E Sec 35 Location 29231 So. 96th

Owner/Requestor LISA PRESTON Installer Loren Oosting

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

- ✓ New system, initial
- ____ New system, followup
- ____ Existing system, repair
- ____ Existing system, followup
- ____ Loan approval
- ____ Consultation
- ____ Other (Specify)

REMARKS Need bentonite, fence, gate, signs, etc.
Trees to the west may be a problem that may need attention
Lagoon 48' inside edge of dike (circular)

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   A. Leech Field
   B. Septic Tank
   C. Sewer Line
   D. Frost-Proof Hydrant
   E. Lagoon
   F. Accumulated Manure
   G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System ___ Septic ✓ Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

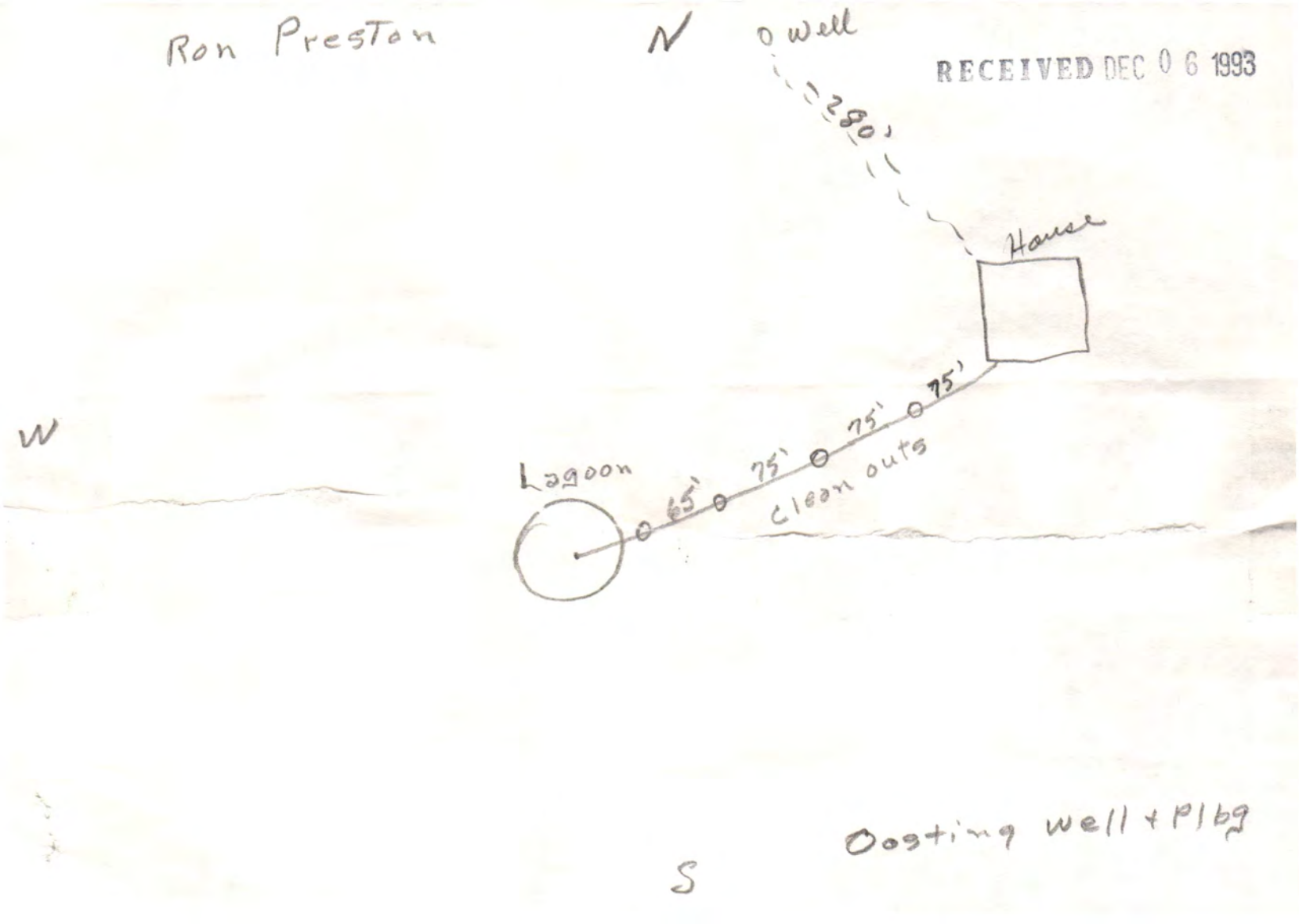
Inspected by: Paul Drotzmann Received by: _____

Date: 11-22-93

WA1002

Ron Preston

RECEIVED DEC 0 6 1993



Existing well + Bldg

Fee #15.00

APPLICATION FOR WELL REGISTRATION AND SAMPLING

DATE:

Legal Description of Property T7N R7E Sec 35
Directions to Property So. on 96th from Firth Rd 1/2 mile

Land Owners
Name: Ronald + Lisa Preston
Address: R.R1 Box 2X Firth, NE 68358
Phone: 486-3122

Send Results to:
Name:
Address: Same as
Phone: Land owners

Land Owners Signature Lisa M. Preston
I hereby authorize the Health Department to inspect, sample, and register the well on the above property.

Well Data: Please fill in the following information as thoroughly as possible. Leave blank any areas that are unknown.

Approximate Depth of well 238
Casing Material PVC pipe
Casing Diameter 5"
Is well located in a pit NO
Type of pump —

POINT SOURCES - DISTANCE WITHIN 1/2 MILE OF WELL FROM: UPHILL/DOWNHILL FROM WELL

HOUSE FOUNDATION	100 + (distance)	FEET	(U)/D
CESSPOOL	—	FEET	U/D
SEPTIC TANK	—	FEET	U/D
SEWAGE DISTRIBUTION FIELD	—	FEET	U/D
WASTE STABILIZATION LAGOON	100 +	FEET	(U)/D
BARN YARD	—	FEET	U/D
NEAREST WELL	—	FEET	U/D
NEAREST PASTURELAND	—	FEET	U/D
NEAREST CROPLAND	100+	FEET	(U)/D
SHOP	—	FEET	U/D
GRAINERY	—	FEET	U/D
FUEL TANKS	—	FEET	U/D
OTHER POTENTIAL CONTAMINATION SOURCE		FEET	WHAT?

ADM.0002/34

WATER MICROBIOLOGY

STATE LAB NO. 14 813

COMPLETE INFORMATION BELOW

DATE COLLECTED 1-11-94 1:30
MO. DAY YEAR HOUR

SAMPLE COLLECTED BY PAUL DROTZMANN

SAMPLE LOCATION Ron Preston FIRTH

PROPERTY LEGAL DESCRIPTION: COUNTY LANC.

QRTR ____ SECT 35 TWNSHP 7 N S RANGE 7 E W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPOR

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:
LLCHD
2200 St. Mary's Ave
LINCOLN NE 68502

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

REPORTED '94 JAN 12 P12:41

RECEIVED '94 JAN 11 P3:19

FOR LABORATORY USE ONLY

TEST METHOD: ☒ MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 0 PER 100 ML.

☒ THE WATER MEETS BACTERIOLOGICAL STANDARD
☐ WATER DOES NOT MEET BACTERIOLOGICAL STANDARD
☐ RESULTS MAY BE INVALID DUE TO EXCESSIVE AGE*
*SAMPLES RECEIVED BETWEEN 30-48 HRS. AFTER COLLECTION

SAMPLE NOT ANALYZED BECAUSE OF:
☐ EXCESSIVE AGE ☐ INSUFFICIENT AMOUNT
☐ DAMAGE ☐ IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWB 91

'94 JAN -4 P1:04

REPORTED

RECEIVED

'94 JAN -3 A11:26

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO. 14 12

FOR LABORATORY USE ONLY

DATE COLLECTED 1-3-94 10:45
MO DAY YEAR HOUR

SAMPLE COLLECTED BY PAUL DROTZMANN

SAMPLE LOCATION Ron Preston Firth

PROPERTY LEGAL DESCRIPTION: COUNTY LANC

QRTR ____ SECT 35 TWNSHP 7 (N) S RANGE 7 (E) W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:
LLCHD
2200 St. Mary's Ave
LINCOLN, NE 68502

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

TEST METHOD: ☒ MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 0 PER 100 ML.

☒ THE WATER MEETS BACTERIOLOGICAL STANDARD
☐ WATER DOES NOT MEET BACTERIOLOGICAL STANDARD
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SAMPLE NOT ANALYZED BECAUSE OF:
☐ EXCESSIVE AGE ☐ INSUFFICIENT AMOUNT
☐ DAMAGE ☐ IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWB 91

'93 DEC 21 P1:22

REPORTED

'93 DEC 20 A11:13

RECEIVED

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO. 14 32194

DATE COLLECTED 12-20-93 10:20
MO DAY YEAR HOUR

SAMPLE COLLECTED BY PAUL DROTZMANN

SAMPLE LOCATION Ron Preston Firth

PROPERTY LEGAL DESCRIPTION: COUNTY LANC

QRTR _____ SECT 35 TWNSHP 7 N S RANGE 7 E W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
LAB REPORT IS TO BE MAILED TO:
LLCHD
2200 St Mary's Ave
LINCOLN NE 68502

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

FOR LABORATORY USE ONLY

TEST METHOD: ☒ MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

~~TOTAL COLIFORMS~~ Confluent growth PER 100 ML.

☐ THE WATER MEETS BACTERIOLOGICAL STANDARD
☐ WATER DOES NOT MEET BACTERIOLOGICAL STANDARD
☐ RESULTS MAY BE INVALID DUE TO EXCESSIVE AGE*
*SAMPLES RECEIVED BETWEEN 30-48 HRS. AFTER COLLECTION

SAMPLE NOT ANALYZED BECAUSE OF:
☐ EXCESSIVE AGE ☐ INSUFFICIENT AMOUNT
☐ DAMAGE ☐ IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWB 91

'93 DEC 14 P12:54

REPORTED

'93 DEC 13 P12:06

RECEIVED

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO. 1431555

DATE COLLECTED 12-13-93 11:30
MO. DAY YEAR HOUR

SAMPLE COLLECTED BY PAUL DROTZMANN

SAMPLE LOCATION Ron Preston Firth

PROPERTY LEGAL DESCRIPTION: COUNTY LANC

QRTR ____ SECT 35 TWNSHP 7 S RANGE 7

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:
LLCHD
2200 St. Mary's Ave
LINCOLN, NE 68502

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

FOR LABORATORY USE ONLY

TEST METHOD: ☒ MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 0 PER 100 ML.

☒ THE WATER MEETS BACTERIOLOGICAL STANDARD
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*SAMPLES RECEIVED BETWEEN 30-48 HRS. AFTER COLLECTION

SAMPLE NOT ANALYZED BECAUSE OF:
☐ EXCESSIVE AGE ☐ INSUFFICIENT AMOUNT
☐ DAMAGE ☐ IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWB 91

'93 DEC -7 P2:14

REPORTED

'93 DEC -6 P3:20

RECEIVED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 1517945

DATE COLLECTED 12-6-93 1:25
MO. DAY YEAR HOUR

SAMPLE COLLECTED BY PAUL DROTZMANN

SAMPLE LOCATION Ron Preston

PROPERTY LEGAL DESCRIPTION: COUNTY LANC

QRTR ____ SECT 35 TWNSHP 7 N S RANGE 7 E W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:

LLCHD
2200 St. Mary's Ave
LINCOLN NE 68502

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N 3.8 mg/l

NOT TESTED BECAUSE OF:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

TEST(S) BY DJ

FOR ACCOUNTING USE ONLY

LWN 88

'93 DEC -7 PM2:31

REPORTED

'93 DEC -6 P3:20

RECEIVED

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO. 14 30853

FOR LABORATORY USE ONLY

DATE COLLECTED 12-6-93 1:25
MO. DAY YEAR HOUR

SAMPLE COLLECTED BY PAUL DROTZMANN

SAMPLE LOCATION Ron Preston Firth

PROPERTY LEGAL DESCRIPTION: COUNTY LANC.

QRTR ____ SECT 35 TWNSHP 7 N S RANGE 7 E W

AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

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2200 St. Mary's Ave
LINCOLN NE 68502

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

TEST METHOD: ☒ MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

~~TOTAL COLIFORMS~~ confluent growth PER 100 ML.

☐ THE WATER MEETS BACTERIOLOGICAL STANDARD
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☐ DAMAGE ☐ IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWB 91